

Received by: _____
I-Approval: _____Payment: WI, M, Ph.
Issue On: _____CC/Check #: _____
Permit: _____Amount: _____
Expires On: _____Receipt: _____
S-Approval: _____

Neighborhood Services Department

CODE COMPLIANCE

630 East Hopkins, San Marcos, Texas 78666
Phone (512) 393-8440

City website: www.sanmarcostx.gov / Email: Health_info@sanmarcostx.gov
<http://www.ci.san-marcos.tx.us/index.aspx?page=129>

Fixed Food Establishment: Operational Permit Application

Business Information

Note: Incomplete applications will not be processed and will be returned

Establishment Name: _____

Physical Address: _____
Street (Include Suite/Unit) City State Zip Code

Business Name: _____ Org Type: () Corporation () LLC () Partnership () Proprietorship

Establishment Mailing Address: _____
Use the mailing address space to specify the address where you would like to receive Permits and Renewal Notifications

Sq. Ft.: _____
Hours: _____
Of Operation

People Served: _____
Water Provider: _____
Potable water provider

Employees: _____
Waste Water: _____
Type- Sewer/OSSF

Establishment Type: **Food Service:** () Restaurant () Bar () Bed & Breakfast () Child Care () Hospital () School () Nursing Home
() Concession Stand () Other: _____

Service Type: () Seated #: _____ () Carry-out () Caterer

Retail Food: () Supermarket () Convenience Store () Bakery () Other: _____

Food Product: () Manufacturing () Food Warehouse () Other: _____

Contact Information

Note: Print names as they appear on Government Issued Photo ID(s) submitted

Business Owner: _____ Date of Birth: ____ / ____ / ____

Home Address: _____
Street (Include Suite/Unit) City State Zip Code

Driver's License: _____ / _____ Phone: _____ Email: _____
DL/ID # State (###) ### - #### Most current and accurate email address

Responsible Party: _____ Date of Birth: ____ / ____ / ____
() Check if same as above (*Person assumes Owner's responsibilities for document submissions and the permitted establishment*)

Home Address: _____
Street (Include Suite/Unit) City State Zip Code

Government ID /
Driver's License: _____ / _____ Phone: _____ Email: _____
DL/ID # State (###) ### - #### Most current and accurate email address

CPF Information

**** Only required if operating as a Central Preparation Facility (CPF) for Mobile Food Units ****

() N/A – Check if the business will never be a CPF. (*If future plans change a new application must be submitted*)

Vendors Served: _____ Weirs # _____ contracting only ice cream vendors? () Yes () No
(# of Mobile Food Vendors contracting facility) (Grease Trap reg. number)

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, Mastercard, Discover cards accepted

Make checks and money orders payable to: City of San Marcos

Mailed payments must accompany completed applications with all required documentation. No incomplete applications will be processed. Payment applications submitted by mail to Neighborhood Services Division – Code Compliance, 630 E Hopkins St. San Marcos, TX 78666, or in person at same location. For customers submitting via email please note that a representative will contact you by phone to collect a credit card payment within 2 business days of submission (please do not write any credit card information on the email application). For email questions: Health_info@sanmarcostx.gov All CPF and Application fees are non-refundable. Must fill signature line completely.

Signature below is required for processing.

Applicant's Signature (Or signer for Owner)

Printed Name

Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of the City of San Marcos, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Food Enterprise Application: Supplemental Information

Applying for a Permit

Applicants must submit all necessary paperwork/payments to the department and receive approval before obtaining a permit.

Approval is based on compliance with State & Local Health Ordinances; application does not guarantee a permit will be granted. The application fee is refundable, upon request, if the permit was not issued. For assistance call (512) 974-8440.

Applications must include:

- 1) A completed "Food Enterprise: Operational Permit Application" form
- 2) Ownership Documentation (Tax ID, Secretary of State, including a current Government issued ID)
- 3) Food Permit Fee (See Fee Schedule Below)
- 4) Certified Food Manager (per shift) information: _____

Permit Fee Schedule

(Fees are based on the total number of employees working at the establishment.)

Food Enterprise Operational Permit	1 - 5 Employees	\$304.50 ()
	6 - 19 Employees	\$507.50 ()
	20 & above	\$761.25 ()
Central Prep Facility Registration [Non-refundable]		\$50.00 ()

Renewing a Permit

Permits expire one (1) year from the date issued. Prior to expiration, the department will mail a renewal notice to the mailing address listed on the application. The renewal form must be completed and returned to the department along with a payment for the permit renewal fee. Establishments that do not receive a notice are still responsible for completing the renewal application and submitting a renewal payment.

Terminology Definitions

Business Owner:	Any entity, corporation, company, or individual(s), etc.... that maintains full or partial ownership control over a food enterprise. See ownership documentation requirements for further clarification.
Responsible Party:	Any individual(s) who ensures the food establishment operations/practices are in accordance with all food codes and ordinances. This individual(s) also assumes legal responsibility in all cases of non-compliance.
Food Establishment:	The physical location in which food is prepared or served.
Food Service:	These food establishments prepare food and/or serve 'open' food directly to the consumer. Establishment examples include Restaurant, Deli, Bar & Grill, and Drive Thru.
Retail Food:	These food establishments offer food directly to the consumer with an intention such that the food will be consumed off premises. Establishment examples include Convenience Store and Grocery Store.
Food Product:	This type of food establishment packages, processes, and/or stores food for sale directly to other business entities and not individual consumers. Establishment examples include warehouse, wholesaler and distribution center.

Ownership Documentation

Proprietorship:	Provide a date-stamped copy of the Certificate of Assumed Name.
General Partnership:	On a separate page please provide the name, mailing address, residential street address, and business street address for each member of the partnership. Also provide a copy of the fully executed Partnership Agreement.
Limited Partnership:	On a separate page please provide the name, mailing address, residential street address, and business address for each member of the partnership. Also provide a date-stamped copy of the Certificate of Limited Partnership.
Limited Liability Corporation (LLC):	On a separate page please provide: 1) the name, mailing address, residential address, and percentage ownership for each member and 2) the name, mailing address, residential address for the registered agent. Provide a date stamped copy of the Certificate of Filing or Formation filed with the Secretary of State. Also include the Articles of Organization filed with the Secretary of State.
Corporation:	On a separate page please provide: 1) the name, mailing address, residential street address, and business street address of each officer and 2) the name, mailing address, residential street address, business street address, service of process address, date of birth, and government ID (driver's license) for the director and the registered agent of the corporation or named person of responsibility. Also provide a date-stamped copy of the Articles of Incorporation filed with the Secretary of State and a certified copy of the corporate resolution authorizing the corporation to file an application pursuant to these rules and designating the officer authorized to execute the application.

Plan Review and Approval

Establishments conducting new/remodel construction must undergo a building plan review to assure specifications of the food preparation, storage, and sales areas of the proposed or existing food outlet meet applicable regulations. Plans must indicate the layout, equipment arrangement, mechanical plans, and construction materials of work areas and the type/model of proposed fixed equipment. Establishments inside the San Marcos City Limits may submit plans in person 630 E. Hopkins St., San Marcos, TX 78666.

Establishments outside the City San Marcos Limits must contact Hays County Development Services at 2171 Yarrington Road, San Marcos, TX 78666 or call 512-393-2150; in the Environmental Health Services Division or email questions to permits@co.hays.tx.us